

LETTER F

SEPARATION OF ORIGINAL PROBATION OR COVERED TEMPORARY EMPLOYEE

Date

Hand Delivered

Employee Name
Address
City, State, Zip Code

Dear Employee Name:

Since (Date), you have been employed as a (Classification), on original probation at the (Work Location).

Due to (state reason, such as budgetary restrictions), this agency must conduct a reduction in force. I regret to inform you that because of your status as an **[original probation or covered temporary]** employee, you are being separated effective (Date). This separation is in accordance with State Personnel System Rule R2-5B-602(B)(1).

You may submit a written request to (Name of Agency Head) for a review of the procedure resulting in this notice of separation. The request must be delivered to (Name of person) by 5:00 P.M. on (Date) **[three business days after date of hand delivery, not counting the date of hand delivery]**. The request for review must be based upon an error, contain specific information about the error and include a proposed resolution of the problem. You will receive a response within five business days after receipt of the request. You may contact (name, phone #, email address) or (name, phone #, email address) with questions about this action.

If you would like to be considered for other State of Arizona government jobs, please apply through azstatejobs.gov.

Thank you for your service to the Department of (Agency Name). Please promptly return any state property you may have in your possession, and contact (Name of Agency Human Resources Manager) at (phone number) should you have any questions regarding this action.

Sincerely,

Agency Director Name
Agency Director Title

Letter F – Separation of Original Probation or Temporary Employee
Page Two

I, _____, acknowledge receipt of this notice of separation on
(Signature)

(date)

c: Agency Human Resources Manager
Employee Personnel File

ASPS/HRD – TB6.04 (07/09/19)